



**The Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Department of Public Health**  
**Division of Health Care Quality**  
**99 Chauncy Street, 2<sup>nd</sup> Floor, Boston, MA 02111**  
**617-753-8000**

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GOVERNOR

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**Circular Letter: DHCQ 08-07-493**

**TO:** Chief Executive Officers, Acute Care Hospitals

**FROM:** Paul I. Dreyer, Ph.D., Director

**DATE:** July 16, 2008

**RE:** Primary Stroke Services

It has been over three years since Primary Stroke Service (PSS) regulations (105 CMR 130.1400 - 130.1413) were fully implemented in Massachusetts. Since then, we have seen significant improvements in the timely evaluation of patients presenting with acute ischemic stroke and in the use of intravenous tissue plasminogen activator (t-PA), the only FDA approved therapy shown to be beneficial in acute ischemic stroke.

We are currently reviewing Primary Stroke Services as part of ongoing licensure activities. We are particularly concerned about the timely submission of required acute stroke data and note that some hospitals have insufficient resources available to collect and enter data elements in a timeframe that is compliant with regulatory requirements. We are also interested in information regarding the hospital's 24 hour availability of resources to support the PSS program, and the hospital's PSS performance review and quality improvement activities. We therefore request that you complete the attached PSS Licensure Attestation (also available online at <http://www.mass.gov/dph/dhcq>).

Department representatives will review the submitted materials and contact the hospital as necessary to discuss attestation review findings. The Department is also reviewing hospital PSS data to identify outliers. On-site reviews may also be conducted to verify compliance with regulatory requirements and to examine outliers.

**Please return one completed PSS Licensure Attestation for each campus of your hospital no later than August 20, 2008 to:**

Ms. Lucille Gunn  
Massachusetts Department of Public Health  
Division of Health Care Quality  
99 Chauncy Street, 2<sup>nd</sup> Floor  
Boston, MA 02111

For questions about information in this correspondence please contact Gail Palmeri at 617-753-8230, or email: [gail.palmeri@state.ma.us](mailto:gail.palmeri@state.ma.us)

## Primary Stroke Service Licensure Attestation

Name of Hospital:	<hr/>		
Address:	<hr/>	<hr/>	<hr/>
	Street	City, State	Zip Code
Name of Campus:	<hr/>		
Address:	<hr/>	<hr/>	<hr/>
	Street	City, State	Zip Code
Name of CEO (please print):	<hr/>		

### **Attestation:**

*The undersigned hereby attests that, pursuant to the hospital's responsibility as a licensed Primary Stroke Service, the hospital ensures 24-hour availability of resources to patients presenting with acute stroke at the above-named facility; is in compliance with the regulatory requirements of 105 CMR 130.1400 - 130.1413 and can provide verification of the accuracy of the responses; and the data submitted by this hospital to the PSS registry is an accurate representation of care delivered.*

<hr/>	<hr/>	<hr/>
Name of CEO, or Designee and Title (please print)	Signature	Date

## PART I

Name of Primary Stroke Director:	Title:
<hr/>	<hr/>
Phone #:	E-Mail:
<hr/>	<hr/>
Name of Contact Person:	Title:
<hr/>	<hr/>
Phone #:	E-Mail:
<hr/>	<hr/>

**PART II**

Please attest to the following capabilities as they pertain to your Primary Stroke Service:

**WRITTEN CARE PROTOCOLS**

1.	Does the hospital currently use written care protocols for acute stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Where are written care protocols available? <input type="checkbox"/> Emergency Department <input type="checkbox"/> Intensive Care Unit <input type="checkbox"/> Electronic (on-line) <input type="checkbox"/> Other_____	

**ACUTE STROKE RESPONSE TEAM**

3.	Does the hospital have an Acute Stroke Response Team to evaluate patients presenting with symptoms of acute stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the hospital have an on-call system and/or schedule to access the Acute Stroke Response Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the Acute Stroke Response Team available 24 hours per day, 7 days per week? If not, please describe coverage._____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Acute Stroke Response Team act on requests for consult within 15 minutes of the notification to assess an ED patient for acute stroke? <input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	
7.	Which of the following persons respond to acute stroke patients in the ED? (Please check all that apply) <input type="checkbox"/> Physician(s) <input type="checkbox"/> ED <input type="checkbox"/> Neurologist <input type="checkbox"/> Hospitalist/Intensivist <input type="checkbox"/> Other(s)_____ <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse (s) <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Other(s)_____	

8.	<p>Does the hospital use telemedicine videoconferencing for neurological evaluation of acute stroke patients?</p> <p><input type="checkbox"/> All the time</p> <p><input type="checkbox"/> Most of the time</p> <p><input type="checkbox"/> Some of the time</p> <p><input type="checkbox"/> Never</p>	
9.	<p>What is the system and sequence for notifying and activating the Acute Stroke Response Team? (Please check all that apply)</p> <p><input type="checkbox"/> ED calls as soon as they are notified by EMS, prior to patient's arrival</p> <p><input type="checkbox"/> After patient arrival, the Stroke Team is notified, without MD input</p> <p><input type="checkbox"/> Patient is first seen by ED doctors and, if stroke is suspected, then Stroke Team is notified</p> <p><input type="checkbox"/> Other: _____</p>	

**THROMBOLYTIC TREATMENT**

10.	<p>Who orders thrombolytics for stroke patients? (Please check all that apply)</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> ED Physician</p> <p><input type="checkbox"/> Neurologist</p> <p><input type="checkbox"/> Hospitalist/Intensivist</p> <p><input type="checkbox"/> Nurse Practitioner</p> <p><input type="checkbox"/> Physician's Assistant</p> <p><input type="checkbox"/> Other(s)_____</p>	
11.	<p>Under what circumstances will your ED physicians order thrombolytics for stroke patients?</p> <p><input type="checkbox"/> With Neurology backup by phone</p> <p><input type="checkbox"/> With Neurology back up by telemedicine</p> <p><input type="checkbox"/> Neurology must be present</p> <p><input type="checkbox"/> No neurologist necessary</p> <p><input type="checkbox"/> Other_____</p>	

12.	<p>Are stroke patients transferred to another hospital for intravenous t-PA administration?</p> <p><input type="checkbox"/> All the time</p> <p><input type="checkbox"/> Most of the time</p> <p><input type="checkbox"/> Some of the time</p> <p><input type="checkbox"/> Never</p>	
13.	<p>Are stroke patients transferred to another hospital after administration of thrombolytics in your hospital's ED?</p> <p><input type="checkbox"/> All the time</p> <p><input type="checkbox"/> Most of the time</p> <p><input type="checkbox"/> Some of the time</p> <p><input type="checkbox"/> Never</p> <p>a) Briefly describe reason(s): _____</p> <p>_____</p>	
14.	<p>If an acute stroke patient who has received thrombolytic therapy is transferred from your hospital, does your hospital routinely contact the receiving hospital in order to determine whether or not the patient experienced a hemorrhagic complication after transfer?</p> <p><input type="checkbox"/> All the time</p> <p><input type="checkbox"/> Most of the time</p> <p><input type="checkbox"/> Some of the time</p> <p><input type="checkbox"/> Never</p>	

### **NEUROIMAGING SERVICES & INTERPRETATION**

15.	Can a CT (or MRI) scan be performed 24 hours per day, 7 days per week (except during routine equipment maintenance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	<p>How often are CT/MRI technologists available and the CT scanner/MRI unit is operational for rapid imaging during night and weekend hours?</p> <p><input type="checkbox"/> All the time</p> <p><input type="checkbox"/> Most of the time</p> <p><input type="checkbox"/> Some of the time</p> <p><input type="checkbox"/> Never</p>	
17.	<p>Are neuroimaging interpretation services available within 25 minutes of scan completion 24 hours per day, 7 days per week?</p> <p><input type="checkbox"/> All the time</p> <p><input type="checkbox"/> Most of the time</p> <p><input type="checkbox"/> Some of the time</p> <p><input type="checkbox"/> Never</p>	

18.	Does the hospital use teleradiology services? - Please describe frequency of use (e.g., weekends, evenings, etc.) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**NEUROSURGICAL SERVICES**

19.	Has the hospital developed and implemented written protocols for timely patient access to neurosurgical evaluation and/or intervention, including patient transfer to another hospital?  Name of Hospital _____ Date of Agreement _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**PRIMARY STROKE SERVICE (PSS) REVIEW**

20.	Does the hospital have a PSS Quality Review Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Identify members of the PSS Quality Review Committee: <input type="checkbox"/> Physician(s) <input type="checkbox"/> Neurologist <input type="checkbox"/> ED physician <input type="checkbox"/> Other(s): _____ <input type="checkbox"/> Nurse(s) <input type="checkbox"/> Physician assistant(s) <input type="checkbox"/> Nurse practitioner(s) <input type="checkbox"/> EMS personnel <input type="checkbox"/> Other(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	How often does the Committee meet? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____  Provide the date(s) of the Committee meeting(s) in 2007/2008: _____	

**QUALITY IMPROVEMENT**

23.	Does the PSS Committee review the following: <ul style="list-style-type: none"> <li>the number of stroke patients</li> <li>types of strokes evaluated</li> <li>nature of any complications of thrombolytic therapy</li> <li>compliance with regulatory requirements, including adherence to time targets</li> <li>PSS protocols</li> <li>Reasons why patients did not receive t-PA</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Do PSS Committee minutes reflect the above information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	What is the date of the last review of PSS protocols? _____	
26.	Is data collected on all patients who presented to the ED within 3 hours of symptom onset and were ultimately diagnosed with ischemic stroke or TIA (ICD-9 codes 433-436), whether or not t-PA was administered and/or the patient was admitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Does the hospital typically enter all required PSS data in the data registry: <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than or equal to 1 month after patient discharge</li> <li><input type="checkbox"/> Less than or equal to 2 months after patient discharge</li> <li><input type="checkbox"/> Greater than 2 months after patient discharge</li> </ul>	
28.	Is data used to identify opportunities for improvement in the stroke service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Has the hospital made changes to the stroke service based on findings of the data analysis?  a) Provide examples of how findings of data analysis have been used to improve the hospital's stroke service in 2007-2008:  _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**CONTINUING HEALTH PROFESSIONAL EDUCATION**

30.	<p>Briefly describe hospital-based staff education (e.g., topics covered, dates, # of attendees) that has been provided to address the needs of physicians, nurses, allied health professionals, and Emergency Medical Services (EMS) personnel in acute stroke prevention, diagnosis and treatment in 2007-2008. (Attach additional sheet(s) if necessary.)</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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**COMMUNITY EDUCATION**

31.	<p>Briefly describe community education information (e.g., topics, methods, scope, dates) that has been provided to the public regarding prevention of stroke, recognition of stroke symptoms, and/or treatment of stroke in 2007-2008. (Attach additional sheet(s) if necessary.)</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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**Please mail the completed Attestation to:**

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 99 Chauncy Street, 2<sup>nd</sup> Floor  
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